

Louisiana Department of Health and Hospitals

Bayou Health Informational Bulletin 15-1

January 28, 2015

Issue: Elective Deliveries

Effective with dates of service September 1, 2014, the Department implemented a policy to no longer pay for non-medically necessary elective deliveries prior to 39 weeks of gestation. This informational bulletin outlines the process for billing delivery claims for Fee for Service (FFS) and Bayou Health Shared Savings Plans (Community Health Solutions and United Healthcare Community Plan) members. It is incumbent upon providers, hospitals and physicians, to input and certify accurate and timely information into the Louisiana Electronic Event Registration System (LEERS). The Department and the Bayou Health Plans will use the data from the LEERS system to validate that each delivery was not prior to 39 weeks, or if prior to 39 weeks, that it was medically necessary.

If a provider feels a claim has been denied inappropriately for a delivery, the following steps should be followed:

1. The physician will need to log into LEERS to review the data they certified on the birth record.
2. The physician will then need to speak to the birth clerk at the facility to determine what data was entered on the birth record and whether an amendment needs to be requested if the data is not correct.
3. If what is on the birth record does not correspond with the file, the birth clerk may contact Vital Records LEERS Hotline at (504) 593-5101. It is recommended that the birth clerk from the facility contact the hotline since they are more familiar with the birth record process.
4. If a facility needs to correct the data on the birth file, they may request an amendment form through the Vital Records LEERS Hotline at (504) 593-5101. The completed form should be returned to Vital Records by the facility for processing. Vital Records will provide verification of this amendment to the hospital provider.

If the claim is for a **FFS member**, this form will need to be attached to the claim and resubmitted via hard copy for payment to the **Molina Provider Relations Correspondence Unit**.

If the claim is for a **shared savings plan member**, providers should **contact the shared savings plan** for instructions on resubmission of the claim along with the LEERS verification of change form.

If the LEERS form does not contain a choice for the delivering physician's rationale for the early delivery, the physician should contact either **Molina Provider Relations Correspondence Unit for FFS members** or the **shared savings plan for shared savings plan members** to request medical review of clinical documentation that supports the delivery.

- **Community Health Solutions**
1-855-247-5248
- **United Healthcare Community Plan**
1-866-675-1607